



JESSE KREMER

STATE REPRESENTATIVE • 59TH ASSEMBLY DISTRICT

Many Wisconsin communities, especially in rural or light urban areas, rely on pre-hospital, Emergency Medical Service (EMS) care from dedicated volunteers. In fact, according to the Wisconsin EMS Association, 75 percent of Wisconsin EMS providers are staffed by volunteers. It has been, and will continue to be, a challenge to recruit and retain volunteer Emergency Medical Technicians (EMTs). This is a rapidly evolving and much more demanding field than it was even a decade ago - more time is involved in training, lower staffing levels and there are a broader scope of pre-hospital medications and treatments.

Many departments, including the Kewaskum and Edgerton Fire Departments, contract with nearby services for a higher level of care, e.g. paramedic services, should the need arise. In an effort to remain proactive and provide a greater value to residents, the Kewaskum Fire Chief and EMS officers pushed for an Advanced EMT (AEMT) program at the Department just over a year ago. There were approximately a dozen EMT Basics (EMT) who were able to attend the 180 hour course. Because Kewaskum is now an AEMT service, the Wisconsin Department of Health Services (DHS) requires every ambulance response to include at least one AEMT on board. The problem? Due to minimal staffing levels, this good faith benefit to the community has put departments like Kewaskum and Edgerton in a real bind. They don't always have enough AEMTs to go around and are therefore at risk of either dispatching no ambulance at all, or dispatching one that is only staffed with EMT Basics - something that the state does not currently allow. It should be noted though, that if a higher level of service is required, nearby contract communities and Medivac are still available.

State Senate Majority Leader Scott Fitzgerald, Representative John Jagler and I have requested a Legislative Council study of this and other pending, pre-hospital care concerns. My proposal, one that Illinois has apparently already addressed, would be to encourage our ambulance services to provide the highest level of care possible, based on the staff that they have available, assuming that a contracted, higher level of service is nearby. I, for one, do not want to hamstring our ambulance providers through state level mandates that are currently unattainable if it is detrimental to the public safety of our residents.